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10/696.543

Brush et al.

October 28, 2003

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**Application Number** Filing Date

First Named Inventor

## **FORM** Art Unit 3629 **Examiner Name** Naresh Vig (to be used for all correspondence after initial filing) Attorney Docket Number 355411-991101 19 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (12 pgs) (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Status Letter Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Identify Extension of Time Request (1 mo.) (+1) **Terminal Disclaimer** below): 1. Check in the amount of Request for Refund \$240.00 **Express Abandonment Request** 2. Return postcard CD, Number of CD(s) Information Disclosure Statement (3 pgs) Landscape Table on CD (5 refs) Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DLA Piper Rudnick Gray Cary US LLP Signature Printed name David Alberti Date May 13, 2005 Reg. No. 43,465 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile fransmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope autressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature Date | May 13, 2005 Typed or printed name

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Jan Huss

PTO/SB/17 (12-04v2)
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Effect Fees pursuant to the Consolid	tive on 12/08.	/2004.	IPE	Complete If Known				
		,	R. 4818).	Application Number	10/696,5	543		
FEE TR	ANS	AJTIM	L. I	Ing Date	October	28, 2003		
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		<u>~~~~</u>		xaminer Name	Naresh '	Vig		
Applicant claims small e	ntity status.	See 37 CFR 27	San Care	Art Unit	3629			
TOTAL AMOUNT OF PAYMENT (\$)240.00				Attorney Docket No.	355411-191101			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 07-1896  Deposit Account Name: DLA Piper Rudnick Gray Cary US LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCULATION							-	
1. BASIC FILING, SEA								
	FILING	and the second s	SEAR	CH FEES	EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	· · · · · · · · · · · · · · · · · · ·	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	-	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE				•	•	-	mall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (incl	uding Reis	ssues)				50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims  Table Claims  For (2)  For Point (2)						360	180	
Total Claims - 20 or HP	<u>Extra Cla</u> =	<u>aims                                    </u>	) <u>Fee</u> =	s Paid (\$)		Multiple Depe Fee (\$)	ndent Claims Fee Paid (\$)	
HP = highest number of total cla	aims paid for,	if greater than 20		<del></del>				
Indep. Claims	Extra Cla		) <u>Fee</u>	s Paid (\$)				
- 3 or HP = HP = highest number of indepe		X	<del></del> =	<del></del>				
	•	paid for, ii greater triair	3					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
				due is \$250 (\$125 for				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u> - 100 =	tra Sheets	/50=		additional 50 or fraction and up to a whole number		<u>Fee (\$)</u>	Fee Paid (\$)	
4. OTHER FEE(S)  Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Petition for Extension of Time (1 mo.)(\$60) Submission of IDS (\$180) \$240.00								
SUBMITTED BY	$\bigcap$	7 1.						
Signature	XX	W.		Registration No. 43,465 Telephone 650-833-2052 (Attorney/Agent)				
Name (Print/Type) David	Name (Print/Type) David Alberti Date May 13, 2005							
		CED 1 136 The inform	ation is see	wired to obtain or retain a h	anofit by the av			

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